



LOSLAGO-02

JWILLS

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

4/11/2025

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER The Mahoney Group - Phoenix 20333 North 19th Avenue, Suite 200 Phoenix, AZ 85027	CONTACT NAME:		
	PHONE (A/C, No, Ext): (623) 215-1300	FAX (A/C, No): (623) 215-1333	
INSURED Los Lagos II Homeowners 1700 Montana Vista Lake Havasu City, AZ 86403	E-MAIL ADDRESS:		
	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A : Tokio Marine Specialty		23850
	INSURER B : AUTO-OWNERS INSURANCE COMPANY		18988
	INSURER C : Federal Insurance Company		20281
	INSURER D : Manufacturers Alliance Ins Co		36897
INSURER E : Travelers Casualty & Surety Company of America		31194	
INSURER F : Continental Casualty Company		20443	

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:			PPK2656167	2/1/2025	2/1/2026	EACH OCCURRENCE \$ 2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 2,000,000 GENERAL AGGREGATE \$ 4,000,000 PRODUCTS - COMP/OP AGG \$ 4,000,000 \$
B	<input type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY			4223569900	2/24/2025	2/24/2026	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
C	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 0			G74861726	2/1/2025	2/1/2026	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000 \$
D	<input type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / N If yes, describe under DESCRIPTION OF OPERATIONS below		N / A	2025011154426Y	4/1/2025	4/1/2026	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000
E	Crime/Fidelity			105550486	2/1/2025	2/1/2026	2,500 Deductible 450,000
F	Directors & Officers			0598941993	2/1/2025	2/1/2026	1,000 Deductible 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Carrier A/Policy #PPK2656167: Blanket Building Limit \$31,932,027 subject to \$10,000 Deductible. Replacement Cost (100%). Special Form. No Coinsurance. Infl Guard. 231 Units. Bare Wall Policy. Building Ordinance/Law Cov A, B & C; Common Elements Incl. Wind/Hail Incl. Equipment Breakdown; Separation of Insureds included. 30 Days NOC.

CERTIFICATE HOLDER

CANCELLATION

For Information Only

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE



THE MAHONEY GROUP

20333 N. 19th Ave. #200, PHOENIX, AZ 85027

Phone # 623-215-1300 / Fax # 623-215-1333

Email: HOA@mahoneygroup.com

Los Lagos II HOA No. 1 aka Los Lagos Vistas

2025 Unit Owner Letter

At the request of your Board of Directors, we are pleased to announce that The Mahoney Group has renewed the Master Insurance Policy for your Association. We have enclosed a Certificate of Insurance for your review and records.

Unit Owners (including those that rent their units) will need to have a personal HO-6 Condominium policy for those items **not covered** by the Master Policy, such as damages falling below the Master Policy deductible of \$10,000 for All Perils and **the complete interiors of the unit from the drywall inside the unit**. This includes, but not limited to: cabinets, countertops, appliances, flooring, interior partition walls and doors, electrical, plumbing, HVAC Systems, drywall, insulation, fixtures and ceilings located within the interior of the unit.

A Unit Owner's personal HO6 Condominium insurance policy should include the following:

- Coverage for Unit Owner's personal property, including theft of property.
- Coverage for damaged property that both falls below the Master Policy deductible of \$10,000 for All Perils and is excluded from the Master Policy's property coverage, which is the complete interior of the unit. This includes, but is not limited to cabinets, countertops, appliances, flooring, interior partition walls and doors, electrical, plumbing, HVAC Systems, drywall, insulation, fixtures & ceilings.
- Mold Coverage is excluded under the Master Policy, but some personal policies offer this coverage for an additional premium. Please check with your agent for limits and rates.
- A Loss Assessment Endorsement. This provides coverage in the event you as a Unit Owner are assessed by the Association for a covered loss.
- Coverage for the Unit Owner's personal liability.
- Additional Living Expenses/Loss of Use/Loss of Rents.
- Any other coverage you and your personal insurance agent deem necessary.

The amount of coverage and/or policy limits on the unit owner's personal policy is to be determined by the Unit Owner and his/her personal insurance agent.

Claims for any Association-covered items must be submitted through your Property Manager.

We strongly recommend that you contact your personal insurance agent and review your Association's CC&R's to make sure you are adequately insured in the event of a loss. If you do not have a personal insurance policy, or would like a competitive quote on your current policy, please contact our personal lines department at the number below.

The Mahoney Group Who To Call:

Account Executive: Nicole Smith 623-215-1341

Certificates Of Insurance: HOA@mahoneygroup.com

Personal Lines Quotes: John Oakden 520-784-6687